



WELCOME TO THE HOLY TRINITY SCHOOL CARES PROGRAM ~ 2024-2025

Dear Parents,

We would like to offer to all new and re-enrolling Holy Trinity School students the services of our very successful Holy Trinity CARES Program. The CARES Program has been operating since 1998.

We offer before- and after-school care to the students at Holy Trinity School. The CARES Program is open during school days only. Our morning program is held in the school cafeteria from 7:00 AM to 8:15 AM. Our afternoon program is held in the Children's Cottage from 2:45 PM to 5:30 PM. The CARES Program is open on **most** half-days from 11:45 AM to 5:30 PM and closed on the days Holy Trinity is closed. The cost is \$6.50 per hour for the first child and \$5.00 for the second and third children. A registration fee of \$25.00 per child per year will be due upon registering for the CARES Program. This is a non-refundable fee.

If you are interested in enrolling your child in the CARES Program for the 2024-2025 school year, please complete the **CARES Registration Form** and return it with the registration fee to the School Office (please mark it "Attention: CARES").

If you have any questions, please do not hesitate to call us during CARES operating hours or email CARES@holytrinitypa.com or contact me directly.

Thank you,

Mrs. Erica Foraker, CARES Director
(267) 391- 8795 or (215) 295-4400



HOLY TRINITY CARES PROGRAM REGISTRATION FORM

Child(ren)'s Name(s):

Grade in 2024-2025

Days Attending and pick up time if a regular schedule

Days: _____ **Pick up time:** _____

Home Address:

Street Address

City

Zip Code

Parent(s)/Guardian(s): _____

Address (if different): _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Attached is my non-refundable registration fee of \$25.00 (per child), payable to Holy Trinity CARES Program.

Parent/Guardian Signature: _____

Date _____



HOLY TRINITY CARES PROGRAM EMERGENCY CONTACT FORM

Family Name: _____ Home Phone: _____

Home Address: _____

Child's Name: _____ Grade _____

Child's Name: _____ Grade _____

Child's Name: _____ Grade _____

Parent/Guardian: _____ Cell Phone: _____

Employer: _____
Business Name Address

Work Phone: _____ Email: _____

Parent/Guardian: _____ CellPhone _____

Employer: _____
Business Name Address

Work Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

Cell Phone: _____

Names of people other than Parent/Guardian who will be picking your child up at CARES:

1: _____ Phone # _____

2: _____ Phone# _____

3: _____ Phone# _____

The following person(s) **MAY NOT** pick up my child:

Allergies or other Heath/Medical Issues: _____



HOLY TRINITY CARES PROGRAM
EMERGENCY ADDRESS FORM AND SIGNATURE CARD

Child's Last Name	First Name	Birth Date
-------------------	------------	------------

Home Address	Telephone	Email
--------------	-----------	-------

ILLNESS OR ACCIDENT: In the event of an apparent or serious illness or accident when I cannot be reached, I wish one of the following people to be notified by telephone. They are authorized to act in my absence, and they have SIGNED their names on this card. They may also release my child from the center.

Name	Address/Phone Number
------	----------------------

Name	Address/Phone Number
------	----------------------

DOCTOR'S NAME AND TELEPHONE NUMBER: If one of the above-named people cannot be reached, I wish my child to be taken to the HOSPITAL EMERGENCY ROOM.

YES _____ NO _____

I wish any one of the following doctors to be notified:

Name _____	Telephone _____
------------	-----------------

Name _____	Telephone _____
------------	-----------------

Hospital Name _____

SPECIAL INSTRUCTIONS: (Allergies? Chronic illnesses?)
